

**Issue Classification**

\_\_\_\_\_  
 (Assistant Examiner) (Date)  
 \_\_\_\_\_  
 (Legal Instruments Examiner) (Date)

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant						<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
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6	7		37			97			157		187
7	8		38			98			158		188
8	9		39			99			159		189
/	10		40			100			160		190
9	11		41			101			161		191
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/	17		47			107			167		197
/	18		48			108			168		198
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	20		50			110			170		200
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	22		52			112			172		202
	23		53			113			173		203
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	25		55			115			175		205
	26		56			116			176		206
	27		57			117			177		207
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	29		59			119			179		209
	30		60			120			180		210